PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -8 PM 1:43

DOCUMENT # P95000086020

1. Corporation Name

FMA Travel, Trading and Realty Co.

REINSTATEMENT 99-00

2. Principal Office Address	**3.** Mailing Office Address
612 Trumpet Place	612 Trumpet Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Celebration, FL	Celebration, FL
Zip: 34747 Country: USA	Zip: 34747 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/8/1995

5. FEI Number: 59-3356127 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: FLAVIO TEIXEIRA

700003264497--6
-05/24/00--01009--008
****8.75 ****8.75

Street Address (P.O. Box Number is Not Acceptable): 612 Trumpet Place

Suite, Apt. #, Etc.:

City: Celebration State: FL Zip Code: 34747

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: F. Teixeira Date: 5/3/2000
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	FLAVIO TEIXEIRA	612 Trumpet Place	Celebration / FL / 34747
Secretary	same		
Treasurer	same		
Vice-President	same		

5/3/00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: F. Teixeira FLAVIO TEIXEIRA 5/3/2000 (407) 566-9380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #